



STATE OF MICHIGAN

DEPARTMENT OF CORRECTIONS  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

PATRICIA L. CARUSO  
DIRECTOR

**DATE:** January 18, 2008

**TO:** Senate Appropriations Subcommittee on Community Health  
Senate Appropriations Subcommittee on Judiciary and Corrections  
House Appropriations Subcommittee on Community Health  
House Appropriations Subcommittee on Corrections

**FROM:** Patricia L. Caruso, Director *Patricia L. Caruso*  
Michigan Department of Corrections

**SUBJECT:** Response to the Independent Review of the Prisoner Health Care System by the National Commission on Correctional Health Care as required by PA 124 of 2007, Section 302

In response to Public Act 124 of 2007, Section 302, I am pleased to share with you for your review the report of the National Commission on Correctional Health Care (NCCHC), "A Comprehensive Assessment of the Michigan Department of Corrections Health Care System," and our response to their recommendations. This report and our response are two critical milestones on the department's path to creating a culture of quality in the prison health care system, making Michigan a model for the nation.

As you know, in the fall of 2006 Governor Jennifer M. Granholm requested an independent review of the Michigan Department of Corrections prisoner health care system. Media reports and questions from legislators concerning the quality of health care in the prison system were sufficient to merit a review that would be both comprehensive and independent. At the Governor's direction, the Department of Management and Budget initiated a competitive bid process that resulted in the selection of the NCCHC to provide the independent review. A contract was subsequently awarded in January 2007 to the prestigious NCCHC, one of the most respected prisoner health care organizations in the country.

In accordance with our commitment to the Legislature, we have requested NCCHC prepare a legislative briefing by NCCHC on the findings and recommendations of the report. In keeping with the Governor's directive, we will also be facilitating briefings on this report with other stakeholders as we believe it is important the public understand the findings of the NCCHC, their recommendations for improvements and our responses, if we are to expect their support in making the changes that will be necessary to attain quality in the Department's health care delivery system.

Since the Governor's directive was to conduct a *comprehensive* review of the system, we worked with NCCHC to make certain that their approach was complete and provided them unfettered

access to our personnel and our records. This resulted in a truly comprehensive and independent assessment:

- Interviews with stakeholders from both the public and private sectors were conducted. These interviews included legislators and their staff, advocates for prisoners and their families, government officials from agencies and departments working with the Michigan Department of Corrections and journalists.
- A survey of our employees was conducted regarding their impressions and opinions of prisoner health care.
- Performance audits of medical records and staff interviews were extensive.
- Compliance reviews of policies and procedures were examined.
- Ten facilities were selected for site visits to ensure a report with broad representation of all aspects of the health care system.

Recognizing that such a comprehensive review would be a lengthy process and that the need for improvement was immediate, the department wisely chose to move ahead with an aggressive internal health care improvement process. Waiting to take action until the NCCHC report was complete was never considered due to our internal assessment of the need for improvements. Thus, NCCHC was able to incorporate our health care improvement initiatives into their review so that they have provided both a critical assessment of our system and an exhaustive list of recommendations for improvement as well as a critique of our plan to address the problems they discovered and our response to their recommendations.

The expertise and assistance of the NCCHC has been invaluable as an independent voice providing critical and honest assessments of our problems as well as our strategic plans to keep similar problems from occurring. As a result, we now have independent confirmation to the department's internal findings that the problems in prisoner health care are systemic and require aggressive change. We also have enthusiastic support from NCCHC for our Strategic Plan to address these problems. We hope that the Legislature will come to the same conclusion and continue in their support to reform Michigan's prisoner health care system.

The NCCHC confirmed our own findings that we have significant problems in the delivery of prisoner health care and they provide 56 specific recommendations on how to improve the prisoner health care system. They characterize the problems they discovered as generally "*... attributable to system failures, rather than to individuals not doing their job*" (See page 44). It is important not to lose sight of this critical and overarching conclusion. This critical finding is consistent with the Department's own internal assessment, through the work of the Health Care Improvement Team that has been working internally since March of 2007 to identify and resolve problems in service delivery and oversight. Our "Strategic Plan to Improve Prisoner Health Care" (attached) will bring about systemic changes through the redesign of mission critical health care contracts, and through the restructuring of its management operations to better manage these new contracts.

While the Department is implementing nearly all of the NCCHC recommendations, it is worth noting that there are a few that will not be implemented in the exact manner suggested by the NCCHC. Most notable is the recommendation to end the current system of employing nurses while concurrently contracting for physicians and mid-level providers. Relationships with civil

servant nursing staff have been very successful in assuring a quality of health care professionals that we do not wish to harm if we are to remain committed to developing and sustaining a culture of quality in prisoner health care. As stated in the NCCHC report, the problems do not stem from employees not doing their jobs, but stem from systemic problems. We believe that systemic solutions can successfully bridge the current civil service/contractor partnership. We are diligently seeking ways to improve the management and communications between our civil service health care staff and contract providers. We agree with the NCCHC's identification of the systemic problem, but are addressing resolutions in other ways.

In conclusion, we commend the NCCHC for undertaking this review and bringing their technical expertise to assist us in taking aggressive steps to make Michigan a national model for prisoner health care. We find it quite heartening to read that in their assessment of the strategic plan, they concluded, "If this strategic plan and the recommendations of our report are implemented, the MDOC's health delivery system can, once again, become a leader in the correctional health care field."

I look forward to meeting with you to discuss this report and our responses in greater detail as we work together to achieve this goal.

#### ATTACHMENTS

c: Governor Jennifer M. Granholm  
Chief Operating Officer Daniel Krichbaum, Governor's Office  
State Budget Director Bob Emerson, State Budget Office  
Director Janet Olszewski, Department of Community Health  
Director Gary Olson, Senate Fiscal Agency  
Director Mitch Bean, House Fiscal Agency  
Dr. Scott Chavez, Vice President, NCCHC  
Executive Policy Team, Department of Corrections